Kentucky Boxing and Wrestling Commission

500 Mero St, 218NC

Frankfort, Ky 40601



Phone: (502) 564-0085 Fax: (502) 696-3938 Email: <u>kbwc@ky.gov</u> www.kbwc.ky.gov

## **EVENT REPORT**

## **Event Type (Circle One)**

| Wrestling                | Boxing | MMA |
|--------------------------|--------|-----|
| Location:                |        |     |
| Date:                    | -      |     |
| Promoter Name:           |        |     |
| Promoter License Number: |        |     |

## **Ticket sales information**

|                       | Number of |   |                    |     |    |   |
|-----------------------|-----------|---|--------------------|-----|----|---|
|                       | Tickets   | Х | Price of Ticket    |     |    |   |
| Advanced Ticket Sales |           | Х | \$                 | =   |    |   |
| Door Ticket Sales     |           | Х | \$                 | =   |    |   |
| Kids Ticket Sales     |           | Х | \$                 | =   |    |   |
| Other Ticket Sales    |           | Х | \$                 | =   |    |   |
| Complimentary Tickets |           | X | <u>\$</u>          | _ = |    |   |
|                       |           |   | Total Ticket Sales | =   |    |   |
|                       |           |   |                    | Х   | 5% | 6 |
|                       |           |   | Total Amount Due   | =   |    |   |
|                       |           |   | (OVER)             |     |    |   |

• Below, please list the names of all contestants in the order they competed, along with the results of the contest. Mixed martial arts, wrestling, and elimination event shows shall provide the contestants' KBWC license number. Boxing shows shall provide the contestants' Federal ID Number.

| Contestant Name | License Number/<br>Federal ID<br>Number | v.        | Contestant Name | License Number/<br>Federal ID<br>Number | Result of<br>Contest |
|-----------------|---|-----------|-----------------|---|----------------------|
|                 |   | <b>v.</b> |                 |   |                      |
|                 |   | v.        |                 |   |                      |
|                 |   | <b>v.</b> |                 |   |                      |
|                 |   | v.        |                 |   |                      |
|                 |   | v.        |                 |   |                      |
|                 |   | v.        |                 |   |                      |
|                 |   | <b>v.</b> |                 |   |                      |

Please list names of all other participants including license number and classification such as judge, trainer, manager, referee, timekeeper, second, physician, or event staff.

| Name | License Number |  | Classification |
|------|----------------|--|----------------|
|      |                |  |                |
|      |                |  |                |
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|      |                |  |                |
|      |                |  |                |
|      |                |  |                |

Please identify and explain any injuries that occurred to any person in attendance, including contestants:

I certify under penalty of perjury that the above is a true and complete return:

Promoter's Signature